

Michigan

Revised via fax by State after July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Michigan

As of July 2003, 1,344,019 people were covered under Michigan's Medicaid/SCHIP programs. 1,310,254 of these were financed by the traditional Medicaid program, 33,764 enrolled in the separate SCHIP program, and 0 were financed by a Medicaid/SCHIP 1115 waiver program. In state fiscal year 2000, Michigan spent \$3.02 billion to provide Medicaid services.

In Michigan low-income children may be enrolled into the Medicaid program, an SCHIP Medicaid expansion program, or a Separate SCHIP program based on the child's age and their family's income.

- The Medicaid program serves children under one year old from families with incomes of 185% FPL or less; children between 1-15 years old from families with incomes of 150% FPL or less, and children between 16-18 years old from families with incomes of 100% FPL or less.
- The SCHIP Medicaid expansion program serves children aged 16-18 from families with incomes at 100 and 150% FPL.
- The Separate SCHIP Program serves
 - Uninsured children 0-18 from families with incomes of 200% FPL or less who do not qualify for the Medicaid or SCHIP Medicaid expansion programs; and
 - Unborn children from families with incomes up to 185% FPL who do not qualify for the Medicaid program. Families with children in this program must pay a monthly premium of \$5 per family.

In Michigan most Medicaid beneficiaries are required to enroll into a comprehensive Managed Care Organization (MCO) and/or seek behavioral health services from a specialty Prepaid Inpatient Health Plan (PIHP) that delivers only behavioral health services. Michigan also offers some children with special health care needs who qualify for Title V services an additional choice--enrollment in a specialized MCO that coordinates and delivers both Medicaid and Title V covered services as a combined benefit.

- Beneficiaries enrolled in comprehensive MCOs (including those specialized MCOs that serve only children with special health care needs) receive a limited package of mental health benefits from the MCO.
- Beneficiaries who are not enrolled into comprehensive MCOs receive that same limited package of mental health services through fee-for-service.
- County mental health boards have entered into PIHP contracts to deliver all substance abuse and additional mental health benefits to all Medicaid beneficiaries (both those enrolled in comprehensive MCOs and those who receive care on fee-for-service).

As of July 2003 there were 1,310,254 Medicaid beneficiaries in the Medicaid program. 870,582 of these were enrolled in comprehensive Managed Care Organizations, 1,309,654 were receiving care from the PIHP, and 439,672 were on fee-for-service.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families receiving cash assistance payments from the Family Independence Program (FIP). Also,

Michigan

Revised via fax by State after July 2003

- A. those families that would be eligible for cash assistance from the FIP program except for income from child support payments may continue to receive Medicaid coverage for four months; and
- B. those transitioning off FIP for the first 12 months after obtaining employment that raises the family's income beyond FIP limits.
- 2. Pregnant women and infants under 1 year old from families with incomes of 185% FPL or less
- 3. Children between 1-15 years of age from families with incomes of 150% FPL or less
- 4. Children between 16-18 years old from families with incomes of 100% FPL or less.
- 5. Pregnant women from families with incomes of 185% FPL or less.
- 6. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

Aged, Blind, and Disabled

- 1. Individuals receiving SSI or Michigan's supplemental SSI payment.
- 2. Those over 65 and those who meet the SSI definition of disability with incomes of 100% FPL or less.
- 3. Aged, Blind, and Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- 4. Individuals who are in institutions for at least 30 consecutive days and who earn no more than \$1,452/month if single.
- 5. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have monthly incomes of no more than \$408 if an individual and \$541 if a couple--or sufficient medical expenses to bring their income down to those levels.

- 1. Pregnant women
- 2. Children under age 21
- 3. Aged, Blind, and Disabled

Waiver Populations

Michigan has an 1115 waiver that expands Medicaid eligibility for pharmacy services to Medicare beneficiaries with incomes of no more than 200% FPL. This group does not receive mental health or substance abuse services.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Michigan Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Michigan must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Michigan

Revised via fax by State after July 2003

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Psychiatric and Substance Abuse Care	<ul style="list-style-type: none"> Mental health and substance abuse service provided in an inpatient hospital setting, including a psychiatric facility. May include, among other services <ul style="list-style-type: none"> acute care detoxification, psychiatric occupational therapy 	<ul style="list-style-type: none"> Beneficiaries may not be admitted except under the direction of a physician Beneficiaries may not be admitted to hospitals without the approval of the Medicaid agency or its agent, except <ul style="list-style-type: none"> Admissions to a state-owned psychiatric hospital or a separate inpatient unit that contracts with the state department of mental health to provide services must be approved by that department. Beneficiaries may not be admitted to a freestanding psychiatric hospital or a Medicare-certified distinct psychiatric unit of a general hospital without the approval of the Medicaid agency or its designated agent. Beneficiaries may only receive inpatient psychiatric occupational therapy when ordered in writing by a physician as part of the patient's active psychiatric treatment plan.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient hospital	<p>Services provided in the outpatient department of a hospital, including:</p> <ul style="list-style-type: none"> Individual and group psychotherapeutic treatment Play therapy (for children) and family therapy Psychological testing Psychiatric occupational/recreational therapy provided in conjunction with partial hospitalization. 	<ul style="list-style-type: none"> Outpatient mental health services are only covered <ul style="list-style-type: none"> When determined to be medically necessary by a physician. When provided by a physician or psychiatrist When related to a specific illness, symptom, complaint, or injury. (Except for EPSDT services, which are described later) Mental health services provided in an outpatient hospital must meet the same requirements as those provided in another setting
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	Medicaid covered mental health and substance abuse services that are within the provider's scope of practice as defined in state law.	Mental health and substance abuse services provided in an FQHC or RHC must meet the same requirements as those provided in another setting

Physician Services		
Service	Description	Coverage Requirements
Physician Services	<p>Services related to:</p> <ul style="list-style-type: none"> A diagnosed mental or physical health condition calling for therapeutic management An examination of mental deficiency 	<ul style="list-style-type: none"> Mental health services are covered only when rendered by a psychiatrist or physician or under direction of a psychiatrist or physician, except <ul style="list-style-type: none"> psychological testing by a license psychologist

Michigan

Revised via fax by State after July 2003

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	<p>Services that could be covered under EPSDT in amounts beyond that otherwise available include:</p> <ul style="list-style-type: none"> • Inpatient hospital services <ul style="list-style-type: none"> – Individual or group psychotherapy in a hospital with a licensed psychiatric unit – Play and family therapy psychotherapy in a hospital with a licensed psychiatric unit – Psychological testing – Prescribed drugs and medications dispensed by the outpatient facility in connection with treatment received there 	<ul style="list-style-type: none"> • The service may only be provided to a child under age 21. • The service may only be provided if needed to treat or ameliorate a condition identified in an EPSDT screening visit (similar to a well child visit). • Beneficiaries may receive more than the usual amount of a particular service if <ul style="list-style-type: none"> – the provider feels that more services are needed to treat or ameliorate a condition and – if the Medicaid agency approves.

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychiatrist services	<ul style="list-style-type: none"> • Psychiatrists may provide evaluation and management services 	<ul style="list-style-type: none"> • Physicians who practice psychiatry must be board certified or board eligible and licensed by the State of Montana or in the state where they maintain their practice

Clinic Services		
Service	Description	Coverage Requirements
Mental Health Clinic	<p>Covered when provided under the auspices of an approved mental health clinic. Services must be primarily medical, as well as medically necessary, and must be preventative, diagnostic, therapeutic, rehabilitative, or palliative. Services include:</p> <ul style="list-style-type: none"> • Psychological testing • Other assessments and testing • Psychiatric evaluation • Quarterly review of treatment • Medication review and administration • Treatment planning • Mental health interventions including individual therapy, group therapy, family therapy, child therapy, crisis intervention • Physical therapy • Occupational therapy 	<ul style="list-style-type: none"> • Services must be provided under the direction of a physician and delivered according to a physician-approved plan of service. • Available to people living in their own homes or in supervised residential settings who require a continuum of mental health services.

Michigan

Revised via fax by State after July 2003

Clinic Services		
Service	Description	Coverage Requirements
	<ul style="list-style-type: none"> • Transportation • Nursing home mental health monitoring 	

Rehabilitative Services		
Service	Description	Coverage Requirements
Mental Health Community Rehabilitation	<p>Covered service include:</p> <ul style="list-style-type: none"> • Medication monitoring and review • Medication administration • Crisis intervention • Individual, child, group, and family therapy • Behavioral management • Occupational therapy • Treatment planning • Health services • Psychiatric evaluation • Psychological testing • Physical therapy • Quarterly review • Transportation • Nursing home mental health monitoring 	<ul style="list-style-type: none"> • Medical necessity must be documented by a physician.
Mental Health Psychosocial Rehabilitation Programs	<p>Services for people with serious mental illness. The programs are founded on the principles of client choice and active involvement.</p>	<ul style="list-style-type: none"> • Services must be provided at, or originate from a Psychosocial Rehabilitation Program.
Intensive/Crisis Stabilization Services	<p>Structured treatment and support activities provided by a mental health crisis team and designed to provide a short-term alternative to inpatient psychiatric services.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Psychiatric supervision • Therapeutic support services • Intensive individual counseling/psychotherapy • Assessments • Family therapy 	<ul style="list-style-type: none"> • Available to adults and children who meet psychiatric inpatient admission criteria but who can be stabilized and served in their usual community environments with intense intervention. • Administered under psychiatric supervision and according to an individual plan of service • May not exceed 4 weeks per crisis episode
Intensive/Crisis Residential Services	<p>Intended to provide a short-term alternative to psychiatric inpatient services and to avert psychiatric admissions or to shorten the length of stay in a psychiatric inpatient setting. Services are provided by a Medicaid-enrolled mental health clinic. Services will be provided in a setting of 16 beds or less.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Psychiatric supervision • Therapeutic support services • Nursing services 	<ul style="list-style-type: none"> • Available to adults and children who meet psychiatric inpatient admission criteria but who can be appropriately served in settings less intensive than a hospital. • Administered under psychiatric supervision and according to an individual plan of service • Services may be provided up to 14 calendar days per crisis residential episode and may extend to 30 days per admission.

Michigan

Revised via fax by State after July 2003

Rehabilitative Services		
Service	Description	Coverage Requirements
	<ul style="list-style-type: none">• Medication management/stabilization and education• Behavioral services• Therapy	
Substance Abuse Services	<p>Covers medically necessary rehabilitation services for people with a chemical dependency diagnosis. Services may be provided in residential settings or on an outpatient basis. Services may include:</p> <ul style="list-style-type: none">• Residential subacute detoxification• Residential rehabilitation• Intensive outpatient programs• Specific opioid treatments, such as methadone and/or LAAM.	<ul style="list-style-type: none">• Medical necessity is determined by a physician referral or approval of the treatment plan.• Providers must hold a Center for substance Abuse Services license• Each admission must be prior authorized by the Michigan Department of Social Services

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	<p>Services include</p> <ul style="list-style-type: none">• Assessment• Care/services plan development• Linking/coordination of services• Reassessment/follow-up• Monitoring of services	<ul style="list-style-type: none">• Available to people who have multiple needs or a high level of vulnerability who require mental health case management, as shown by an assessment.• Must have a documented need for access to the continuum of mental health services offered by a Medicaid-enrolled mental health clinic services provider.• Must have a documented lack of capacity for independently accessing and sustaining involvement with needed services.

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

As previously discussed, Michigan obtained a Medicaid/SCHIP 1115 waiver from the federal government. This program combines Medicaid and SCHIP funding to serve all parents and children aged 18 years from families with incomes up to 150% FPL.

What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Service coverage is identical to coverage in the Medicaid program, which was described in the previous section.

Michigan

Revised via fax by State after July 2003

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

1. Infants from families with incomes up to 185-200% FPL and children aged 1-18 from families with incomes up to 150% to 200% FPL. There is a \$5 per family, per month premium.

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Benefits in Separate SCHIP programs must meet a benchmark selected by the State. Michigan has elected , and the federal government has approved, the use of the Medicaid benefit package as the benchmark. Therefore, mental health and substance abuse service coverage in the Separate SCHIP program is the same as coverage in the Medicaid program, which was described earlier.